



APPLICATION

Client Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Daytime Phone: _____ Mobile: _____

Place of Birth: _____ Mother's Maiden Name _____

Father's Name _____

Marital Status: Married: _____ Single: _____ Divorced: _____

Emergency Contact: (Name, Phone Number & Relationship to you):

Case Manager or Other Representative Name:

Phone: _____ Email: _____

Monthly Income

SSI Amount \$ _____ SSDI Amount \$ _____ SNAP Benefits _____

Other Amount \$ _____

Additional Information:

CLIENT SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____



REPRESENTATIVE PAYEE/CLIENT CONTRACT

I, _____ (Client's Name) hereby appoint COACHING SOLUTIONS REPRESENTATIVE PAYEE SERVICES to be my designated Representative Payee for my, SSI, SSDI benefits. Coaching Solutions, Payee Services shall receive my monthly benefits and be responsible for paying my financial obligations on my behalf and provide a weekly stipend for my daily living expenses to the extent that funds are available, and Coaching Solutions Representative Payee Services has access to my benefits to do so.

THE CLIENT AGREES TO THE FOLLOWING:

1. Coaching Solutions Representative Payee Services will process electronic payment transfer via business checking account to a personalized Debt card, Zelle account or by Paper check that can be mailed by US Postal Service to each program client and or their vendors.
2. All weekly stipend deposits are made by Wednesday of each week (Holidays & Emergencies are exceptions) all rent checks will be mailed within 2 business days of receipt of Client Funds each month.
3. The Client must notify Coaching Solutions Representative Payee Services in writing within 10 days of any changes If the Client fails to notify, Coaching Solutions Representative Payee shall be held harmless by the client for any rent, room & board or other payments made by Coaching Solutions Representative Payee on behalf of the client.
4. Special funds requests will be deposited to debt cards within 48 to 72hrs with exceptions made only in the case of homelessness or medical emergency. Coaching Solutions Representative Payee Services will make no advances or loans.
5. The Client must notify Coaching Solutions Representative Payee Services, in writing, or by phone if their circumstance changes due to employment, hospitalization or incarceration, therefore Coaching Solutions Representative Payee Services can accurately report this information to the Social Security Administration.
6. The Client acknowledges that Coaching Solutions Representative Payee Services assumes no responsibility or liability to the Client or others in making disbursements provided the disbursements are made in accordance with the written instructions of the Client and or within the Social Security Administration Guidelines for Representative Payees and other legal and regulatory requirements.



Representative Payee Services

Please be advised that there will be a \$45-dollar monthly maintenance fee applied to all program participants ledger on the 3rd of every month after 30 days of enrollment. This contract shall remain enforced for a period of 12 months from the date of execution and shall be automatically renewed unless cancelled by the Client with written 30-day notice. Client fees are regulated by Social Security and subject to change without notice.

Coaching Solutions Payee Services reserves the right to provide a client cancellation notice to Social Security at any time.

CLIENT SIGNATURE: _____ DATE: _____

Office Use:

Select Documents Included with Application:

- Copy of Social Security Card
- Copy of Birth Certificate
- Copy of Current State-Issued ID or Driver's License

COACHING SOLUTIONS REPRESENTATIVE PAYEE SERVICES
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